

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020076
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 241

VS 300.
Rev. 4/59

1 0941
2 09402

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4 0

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9 163X

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11

12 1-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED JUN 12 1962

1. PLACE OF DEATH
a. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Bonne Terre, Mo. Length of stay in 1b
4 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Bonne Terre Hosp. Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois

c. CITY
OR
TOWN Elvins, Mo. Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location) Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
(Type or print) ARTHUR J. BOYER

4. DATE OF DEATH Month Day Year
June 3, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2/20/1887

9. AGE (last birthday)
75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
3 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Miner

10b. KIND OF BUSINESS OR INDUSTRY
Lead

11. BIRTHPLACE (City and state or country)
Washington, Co. Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Paschal Boyer

13b. MOTHER'S MAIDEN NAME
Catherine Robart

14. NAME OF HUSBAND OR WIFE
Eda (Bursaw) Boyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO. 17. INFORMANT Address
Pete Boyer Elvins, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Lung

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Mon 6-2 to June 3 62 and last saw him alive on June 3-62
Death occurred at 8:40 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
C. H. Applegate MD

22b. ADDRESS
Rivermines, Missouri

22c. DATE SIGNED
6/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
6/6/1962

23c. NAME OF CEMETERY OR CREMATORY
Catholic Cemetery

23d. LOCATION (City, town, or county) (State)
St. Francois, Mo.

24. FUNERAL DIRECTOR ADDRESS
Murphy L. Sparks Flat River, Mo

25. DATE RECD. BY LOCAL REG.
June 5, 1962

26. REGISTRAR'S SIGNATURE
Cather Rudloff

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Murphy L. Sparks

Licensed Embalmer No.

4236

P. O. Address

Flat 2, 1000

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.